



enrollment form

Today's date _____

Child's name _____

Sex Male Female

Home address _____

City _____ State _____ Zip _____ Phone _____

Date of birth _____ Start date at LBLC _____

Fathers

name _____

Address _____

Cell phone _____

Occupation _____

Employer _____

Business phone _____

Home phone _____

Email _____

Mothers

name _____

Address _____

Cell phone _____

Occupation _____

Employer _____

Business phone _____

Home phone _____

Email _____

Marital Status:

Married and living together Living together Divorced Widowed Single

Is applicant of present marriage? _____

Adopted _____

Other children living with family:

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Others living in the home: _____

Office Use Only: EC FB Rel AB NP FA HC IM Int CF SD

THIS PAGE MUST BE COMPLETE

Child will be at Little Beginnings: Full- time Part- time

Mon. Tues. Wed. Thurs. Fri. Hours _____

Name, address, and phone number of person(s) who may pick up your child and/or be called if parent cannot be reached. (at least two names are required & cannot be parents of child)

Name _____ Phone Cell _____

Relation to Child _____ Phone Home _____

Address _____ Phone Work _____
street city state zip

Name _____ Phone Cell _____

Relation to Child _____ Phone Home _____

Address _____ Phone Work _____
street city state zip

Name _____ Phone Cell _____

Relation to Child _____ Phone Home _____

Address _____ Phone Work _____
street city state zip

Names of any other persons who have permission to pick up at anytime without further permission or notice:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Is there anyone who MAY NOT pick up your child? Yes No

If yes, (name) _____

THIS PAGE MUST BE COMPLETE

In case of an emergency contact: (ALL are required info.)

Family physician _____ Phone _____

Address _____
street city state zip

Family dentist _____ Phone _____

Address _____
street city state zip

Hospital _____ Phone _____

Address _____
street city state zip

Little Beginnings has my permission to secure medical help including the services of the rescue squad or emergency room of Regina Memorial Hospital in the event of an emergency. I also give permission for my child's confidential medical information to be readily available to the legal guardians, LBLC staff, health care professionals, DHS & licensing, Emergency responders, and Health Care Consultants.

Signature Legal guardian _____ Date _____

Health Insurance carrier _____ Policy holder name _____

Policy number _____ (*Insurance information optional, but helpful in an emergency*)

Allergy Information:

Dietary _____

Allergies, Asthma _____

Medications _____

Other Information:

Is there anything else you would like us to know about your child/family? ie other languages spoke in the home, cultural or religious traditions, special instructions, etc.

THIS PAGE MUST BE COMPLETE

Release of Photos & Videos:

I do I do not give my permission for my child _____ to be photographed or videotaped in the program, program functions and field trips. The photographs would be used to be displayed in the center and on our communication app to parents. I understand that the photographs or video may be taken by school staff, professional photographers, news media, or other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

(parent/guardian signature) _____ (date) _____

Facebook/Website Permission:

Little Beginnings Learning Center makes use of both Facebook and a Blog on our website for communicating and sharing pictures. We would love it if you "like" our Facebook page and check for updates and information about the center.

Little Beginnings Learning Center would like to take pictures of activities children participate in at our school and/or on field trips. We would like your permission to use these pictures on our Facebook page or on our website. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for Little Beginnings Learning center purposes. Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant you permission to use photos of my child on Little Beginnings Facebook page and website.

-OR-

_____ NO. Please do NOT take or use any photos of my child on Facebook or the Website.

Parent/Guardian's Signature: _____

Release of Liability:

This release is made by (parent/guardian's name) _____

whose address is _____

as the parent/guardian of (child's name) _____ of the same address.

In consideration of the permission granted by (parent/guardian) _____

for (child's name) _____ to attend Little Beginnings, and participate

in the activities in the program, including field trips taken away from the premises. I hereby release and discharge Little Beginnings, its agents, volunteers, employees, and officers from all claims, demand, actions, judgements and executions which the undersigned's heirs, executors, administrators and assigns may have or claim to have against its successors or assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

In the unlikely event of an emergency, I give my permission for (child's name) _____

to be treated by an accredited physician in an approved clinic or hospital. I therefore designate adult chaperones for the group with the authority to act on my behalf and order appropriate treatment.

(parent/guardian signature) _____ (date) _____

non-prescription medication products authorization only

All over-the-counter (OTC) products need parental permission for administration. However, some of these external products do not need to be documented every time you use them. The following is a list requiring parental permission only.

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: _____
Classroom Name: _____ Today's Date: _____

The following external products may be applied to my child in accordance with the manufacturers instructions on the original container:

- _____ Diaper wipes
- _____ Diaper creams, ointments
- _____ Skin lotions/creams/vaseline; specify if special brand: _____
- _____ Baby oil; (baby powder is not recommended due to inhalation hazards)
- _____ Soap; specify if special brand: _____
- _____ Sunscreen; specify if special brand: _____
- _____ Insect repellants; specify if special brand: _____
- _____ Lip balm
- _____ Chemical hand sanitizers
- _____ Toothpaste (an internal product but does fall under this category)
- _____ Other; please specify: _____

NOTE: Teething gels are considered OTC medications not products (form M-200). Teething gels are not recommend and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard.

*Unused products: Return to Parents Discard Appropriately

Parent/Guardian signature required: _____ Date: _____

all about me

my full name is: _____

these are the people that live with me:

my pets are a part of my family too:

my family loves to do things together like:

my favorite toy is: _____

my favorite book is: _____

i love to go to: _____

something you should know about me is:
